

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X1422

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Tarpley

FILED APR 25 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10347
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 5131 Registered No. 88
(c) City _____ (d) Street No. 3 miles east on Hi-way 60 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Vester E. Bergman

(a) Residence, No. R.F.D. Poplar Bluff, Mo. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1923
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
16 10 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. in School
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Neelyville,
(STATE OR COUNTRY) Missouri

13. NAME Henry E. Bergman
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Henry E. Bergman
(ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL Ash Hill Cemetery
PLACE Ash Hill, Mo. DATE April 14, 1940

19. FUNERAL DIRECTOR (NAME) Frank Und. Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 4/20 1940 Obelutinger
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 19 40

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Apr 19, 1940 Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 4/6

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) T. F. Tarpley M. D.
89 (Address) Fisk

109

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10347
Registrar's No. 88

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 89

Primary Registration District No. 3131

1. PLACE OF BIRTH:

- (a) County Butler
(b) City or town Caplan Bluff
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT
FULL NAME

Vester E. Bergman

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex m

5. Color or
race w

6. (a) Single, widowed, married,
divorced s

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if
alive _____ years

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

16

10

29

h. min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____

{Burial, cremation, or removal}

(Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) _____ (b) _____

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____

- (c) City or town _____ (If outside city or town limits write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Apr day 13
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Lobar

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

W.C.
gaw
him on
line
when
dying

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____ (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R.F. Tarpley (M. D. or other) _____

Address Frank Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

5-10347 1940